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CONFIRMATION NO. 6821

SERIAL NUMBER 10/690,889	FILING OR 371(c) DATE 10/22/2003 RULE	CLASS 623	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. BAF-15902/29
APPLICANTS Bret A. Ferree, Cincinnati, OH; ** CONTINUING DATA ***** OK. AR 3/4/07 This appln claims benefit of 60/420,169 10/22/2002 ** FOREIGN APPLICATIONS ***** None. AR 3/4/07 IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 01/23/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Amos Lamas</i> Initials: <i>AL</i>	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS X5	INDEPENDENT CLAIMS 1
ADDRESS 25006				
TITLE Biaxial artificial disc replacement				
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	